

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 593785

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/			51					
2	/		/		/			52					
3	/		/		/			53					
4	/		/		/			54					
5	/		/		/			55					
6	/		/		/			56					
7	/		/		/			57					
8	/		/		/			58					
9	/		/		/			59					
10	/		/		/			60					
11	/		/		/			61					
12	/		/		/			62					
13	/		/		/			63					
14	/		/		/			64					
15	/		/		/			65					
16	/		/		/			66					
17	/		/		/			67					
18	/		/		/			68					
19	18		1		1			69					
20	1		1		1			70					
21	1		1		1			71					
22	1		1		1			72					
23	1		1		1			73					
24	1		1		1			74					
25	1		1		1			75					
26	1		1		1			76					
27	1		1		1			77					
28	1		1		1			78					
29	1		1		1			79					
30	1		1		1			80					
31	1		1		1			81					
32	1		1		1			82					
33	1		1		1			83					
34	1		1		1			84					
35	1		1		1			85					
36	1		1		1			86					
37	1		1		1			87					
38	1		1		1			88					
39	1		1		1			89					
40	1		1		1			90					
41	1		1		1			91					
42	1		1		1			92					
43	1		1		1			93					
44	1		1		1			94					
45	1		1		1			95					
46	1		1		1			96					
47	1		1		1			97					
48	1		1		1			98					
49	1		1		1			99					
50	1		1		1			100					
TOTAL IND.	5		4					TOTAL IND.					
TOTAL DEP.	58	←	41	←		←		TOTAL DEP.		←	←	←	←
TOTAL CLAIMS	63		45					TOTAL CLAIMS					